

PTO/SB/01 (10-01)

Approved for use through 10/31/2002. OMB 0651-0032

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

☒ Declaration Submitted with Initial Filing OR ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number 123210020002

First Named Inventor RICKARDS

COMPLETE IF KNOWN

Application Number

Filing Date

Art Unit

Examiner Name

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SLEEVE FOR A HOSE

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

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Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or Design Patent ApplicationDirect all correspondence to: ☐ Customer Number or Bar Code Label ☐ OR ☒ Correspondence address belowLorri W. Cooper
Jones Day
NameNorth Point
Address 901 Lakeside AvenueCleveland
CityOH
State44114
ZIPUS
Country216-586-7097
Telephone216-579-0212
Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR : ☐ A petition has been filed for this unsigned inventorGiven Name LISA M.
(first and middle [if any])Family Name RICKARDS
or SurnameInventor's
Signature*Lisa M. Rickards*

Date

11/25/03

Wooster
Residence: CityOH
StateUS
CountryUS
Citizenship

1028 North Bever Street

Mailing Address

Wooster
CityOH
State44691
ZIPUS
CountryNAME OF SECOND INVENTOR: ☐ A petition has been filed for this unsigned inventorGiven Name
(first and middle [if any])Family Name
or SurnameInventor's
Signature

Date

Residence: City

State

Country

Citizenship

Mailing Address

City

State

ZIP

Country

☐ Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

**GENERAL POWER OF ATTORNEY BY ASSIGNEE
AND EXCLUSION OF INVENTORS UNDER 37 C.F.R. 3.71**

The undersigned Assignee hereby designates the following as its correspondence address and telephone number:

Lorri W. Cooper
Jones Day
North Point
901 Lakeside Avenue
Cleveland, Ohio 44114
(216) 586-7023

and appoints the following as its attorneys with full power of substitution and revocation, to prosecute all patent applications for which the undersigned Assignee is or will become an assignee of record, and to transact all business in the Patent and Trademark Office connected therewith:

Kenneth R. Adamo, Registration No. 27,299; Barbara E. Arndt, Registration No. 37,768; Michael R. Asam, Registration No. 51,417; John V. Biernacki, Registration No. 40,511; David B. Cochran, Registration No. 39,142; Lorri W. Cooper, Registration No. 40,038; Regan J. Fay, Registration No. 26,878; F. Drexel Feeling, Registration No. 40,602; Paul E. Franz, Registration No. 45,910; Calvin P. Griffith, Registration No. 34,831; David M. Maiorana, Registration No. 41,449; Timothy J. O'Hearn, Registration No. 31,552; Mitchell Rose, Registration No. 47,906; Joseph M. Sauer, Registration No. 47,919; Stephen D. Scanlon, Registration No. 32,755; Jenny L. Sheaffer, Registration No. 45,099; H. Duane Switzer, Registration No. 22,431; Michael W. Vary, Registration No. 30,811; and James L. Wamsley, III, Registration No. 31,578;

all having the above designated address, provided that, if any appointed attorney ceases to be affiliated with the law firm of Jones Day then the appointment of such attorney and all powers derived therefrom shall terminate on the date such attorney ceases to be so affiliated.

In accordance with 37 C.F.R. 3.71, this appointment is to the exclusion of the inventors and their attorneys.

An assignment of the entire interest in application no. :

☐ was recorded on _____, at Reel _____, Frames _____.

☐ is submitted herewith for recording.

☐ will be submitted under separate cover.

Please direct all correspondence for this application to customer no. _____.

ASSIGNEE: Action Coupling and Equipment, Inc.

Signature:



Typed Name:

Lisa M. Rickards

Position/Title:

Excc. Vice President

Address:

8248 CR 245

Holmesville, Ohio 44633

Date:

11/25/03